

<i>SERFF Tracking Number:</i>	<i>AEGB-126626428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45702</i>
<i>Company Tracking Number:</i>	<i>WL08 AR, WL09 AR, ADR08 AR</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR</i>		

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider  
 SERFF Tr Num: AEGB-126626428 State: Arkansas

TOI: L07I Individual Life - Whole  
 SERFF Status: Closed-Approved-Closed State Tr Num: 45702

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
 Co Tr Num: WL08 AR, WL09 AR, ADR08 AR State Status: Approved-Closed

Filing Type: Form  
 Reviewer(s): Linda Bird  
 Disposition Date: 05/20/2010  
 Authors: Kathie Allen, Mara Carberry  
 Date Submitted: 05/18/2010  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 Implementation Date:

State Filing Description:

## General Information

Project Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider  
 Status of Filing in Domicile: Authorized

Project Number: WL08 AR, WL09 AR, ADR08 AR  
 Date Approved in Domicile: 05/04/2010

Requested Filing Mode: Review & Approval  
 Domicile Status Comments:

Explanation for Combination/Other:  
 Market Type: Individual

Submission Type: New Submission  
 Group Market Size:

Overall Rate Impact:  
 Group Market Type:

Filing Status Changed: 05/20/2010  
 Explanation for Other Group Market Type:

Deemer Date:  
 State Status Changed: 05/20/2010

Submitted By: Kathie Allen  
 Created By: Mara Carberry

Corresponding Filing Tracking Number:  
 30822770

Filing Description:

WL08 AR -- Whole Life Insurance Policy

SERFF Tracking Number: AEGB-126626428 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 45702  
Company Tracking Number: WL08 AR, WL09 AR, ADR08 AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider  
Project Name/Number: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR  
WL09 AR -- Whole Life Insurance Policy with Graded Death Benefit  
ADR08 AR -- Accidental Death Benefit Rider

Please find attached copies of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in final printed form in which they will be distributed to Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

WL08 AR, Whole Life Insurance Policy -- This is a single life policy based on the age at the last birthday of the individual Insured. This is a whole life policy that provides a level death benefit with benefits payable to age 121. The premium paying period will be the applicant's choice of either level to age 99 or level for 10 years. If the Insured is still living at age 121, the policy terminates and the cash surrender value (equal to the death benefit) is paid out. The issue ages for this policy are 0-85. The policy has sample policy data for a policy with level premiums payable to age 99. We have included sample policy data for a policy with level premiums payable for 10 years.

WL09 AR, Whole Life Insurance Policy with Graded Death Benefit -- This is a single life policy based on the age at the last birthday of the individual Insured. This policy is a graded death benefit whole life policy with a benefit based on 30% of the face amount during the first policy year, or 60% of the face amount during the second policy year. After the first two years, the full amount of insurance is payable. Benefits will be payable to age 121. The premium paying period will be level to age 99. If the Insured is still living at age 121, the policy terminates and the cash surrender value (equal to the death benefit) is paid out. The issue ages for this policy are 18-85.

ADR08 AR, Accidental Death Benefit Rider -- This rider will be available only on the WL08 AR Whole Life Insurance Policy when the applicant chooses the level to age 99 premium paying period. This rider must be applied for and issued with the WL08 AR base policy; it will not be available after policy issue. The benefit is payable when death occurs within 90 days of an accidental bodily injury. The injury must occur on or before the policy anniversary on which the age of the Insured is 98. The issue ages for this rider are 18-85.

These policies will be marketed through our agent field force, and are designed for clients who desire and will benefit from the purchase of a fixed premium whole life policy. We have not identified any specific market for these products.

We intend to use application form L120 0210 with these policies. This application was approved by your Department on March 29, 2010 under SERFF Tracking Number AEGB-126550523.

We would appreciate your review and approval of these forms.

Sincerely,

SERFF Tracking Number: AEGB-126626428 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 45702  
Company Tracking Number: WL08 AR, WL09 AR, ADR08 AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider  
Project Name/Number: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR

## MONUMENTAL LIFE INSURANCE COMPANY

Kathie Allen  
Senior Compliance Analyst  
Contract Development  
Phone: (505) 206-5139  
Fax: (213) 763-9557  
kathie.allen@transamerica.com

## Company and Contact

### Filing Contact Information

Mara Carberry, Policy Analyst mcarberry@aegonusa.com  
4333 Edgewood Rd. NE 319-355-3497 [Phone]  
MS 2225 319-355-2501 [FAX]  
Cedar Rapids, IA 52499

### Filing Company Information

Monumental Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-7888 ext. [Phone]	FEIN Number: 52-0419790	

-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Arkansas charges a filing fee of \$50 per submission.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	05/18/2010	36618441
Monumental Life Insurance Company	\$100.00	05/19/2010	36653950

SERFF Tracking Number: AEGB-126626428 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 45702

Company Tracking Number: WL08 AR, WL09 AR, ADR08 AR

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider

Project Name/Number: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/20/2010	05/20/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/19/2010	05/19/2010	Kathie Allen	05/19/2010	05/19/2010

<i>SERFF Tracking Number:</i>	<i>AEGB-126626428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45702</i>
<i>Company Tracking Number:</i>	<i>WL08 AR, WL09 AR, ADR08 AR</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR</i>		

## Disposition

Disposition Date: 05/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-126626428 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 45702

Company Tracking Number: WL08 AR, WL09 AR, ADR08 AR

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider

Project Name/Number: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	
Supporting Document	Application	No	
Supporting Document	Life & Annuity - Acturial Memo	No	
Supporting Document	Bulletin 11-83 Certification and Premium Rates	No	
Supporting Document	Statement of Variability	No	
Supporting Document	WL08 AR (Sample Policy Data for a Policy with Level Premiums Payable for 10 Years)	No	
Supporting Document	Statement of Policy Cost and Benefit Information	No	
Form	Whole Life Policy	No	
Form	Whole Life Policy with Graded Death Benefit	No	
Form	Accidental Death Benefit Rider	No	

*SERFF Tracking Number:* AEGB-126626428 *State:* Arkansas  
*Filing Company:* Monumental Life Insurance Company *State Tracking Number:* 45702  
*Company Tracking Number:* WL08 AR, WL09 AR, ADR08 AR  
*TOI:* L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
*Product Name:* Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider  
*Project Name/Number:* Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/19/2010  
Submitted Date 05/19/2010  
Respond By Date 06/21/2010

Dear Mara Carberry,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

*SERFF Tracking Number:*      *AEGB-126626428*      *State:*      *Arkansas*  
*Filing Company:*      *Monumental Life Insurance Company*      *State Tracking Number:*      *45702*  
*Company Tracking Number:*      *WL08 AR, WL09 AR, ADR08 AR*  
*TOI:*      *L071 Individual Life - Whole*      *Sub-TOI:*      *L071.101 Fixed/Indeterminate Premium - Single Life*  
*Product Name:*      *Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider*  
*Project Name/Number:*      *Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR*

## Response Letter

Response Letter Status      Submitted to State  
Response Letter Date      05/19/2010  
Submitted Date      05/19/2010

Dear Linda Bird,

### Comments:

This is in response to your May 19, 2010 objection.

### Response 1

Comments:

We just submitted an additional \$100.00 via EFT. However, it hasn't shown up on the Filing Fee tab. Can you please check to see if you received it? If you haven't, please let us know and we'll submit it again.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,  
Kathie Allen, Mara Carberry



SERFF Tracking Number: AEGB-126626428 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 45702

Company Tracking Number: WL08 AR, WL09 AR, ADR08 AR

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider

Project Name/Number: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR

## Form Schedule

### Lead Form Number: WL08 AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WL08 AR	Policy/Cont Whole Life Policy ract/Fratern al Certificate	Initial		53.800	WL08 AR.pdf
	WL09 AR	Policy/Cont Whole Life Policy ract/Fratern with Graded Death al Benefit Certificate	Initial		52.500	WL09 AR.pdf
	ADR08 AR	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.100	ADR08 AR.pdf



A Stock Company

Home Office located at: [Cedar Rapids, Iowa] (1)

Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499] (2)

(Referred to as the Company, we, our or us) [(319) 355-8511] (3)

---

INSURED	[JOHN DOE] (4)	POLICY NUMBER	[110 01 SAMPLE] (7)
FACE AMOUNT	[\$10,000.00] (5)	POLICY DATE	[APRIL 01, 2010] (8)
OWNER	[JOHN DOE] (6)		

---

Monumental Life Insurance Company will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy.

Signed for the Company at [Cedar Rapids, Iowa] (9), on the Date of Issue.

A handwritten signature in black ink, appearing to read 'N. Stacy Boyer', enclosed in square brackets.

[SECRETARY] (10)

A handwritten signature in black ink, appearing to read 'H. J. Hays', enclosed in square brackets.

[PRESIDENT] (10)

**10 DAY RIGHT TO CANCEL** - You may cancel this policy by delivering or mailing a Written Request to us or the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage paid. We must return all payments made for this policy within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

This policy is a legal contract between the owner and the Company.

#### READ YOUR POLICY CAREFULLY

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends**

## GUIDE TO POLICY PROVISIONS

	Page
Amount of Death Benefit.....	5-6
Assignment of the Policy.....	5
Change of Beneficiary.....	5
Definitions.....	4
Dividends (No Dividends are Payable).....	9
Extra Benefit Riders.....	8
Grace Period for Paying Premiums.....	6
Incontestability.....	8
Loan Interest Rate.....	7
Loans.....	7
Misstatement of Age or Sex.....	8
Nonforfeiture Provisions.....	6-7
Ownership and Beneficiary Provisions.....	5
Payment of the Death Benefit.....	5-6
Policy Contract.....	8
Policy Data.....	3-3A
Policy Date.....	3
Premiums.....	6
Proof of Death.....	5
Reinstatement.....	6
Schedule of Premiums.....	3
Settlement Provisions.....	9-10
Suicide.....	8
Surrender Option.....	7
Table of Policy Values.....	3A
Termination of Insurance.....	8-9
Your Rights.....	9

**POLICY DATA**

**POLICY NUMBER:** [110 01 SAMPLE] (11)      **DATE OF ISSUE:** [APRIL 01, 2010] (17)  
**POLICY DATE:** [APRIL 01, 2010] (12)      **MATURITY DATE:** [MARCH 31, 2096] (18)  
**FACE AMOUNT:** \$[10,000.00] (13)      **ISSUE AGE/SEX:** [35/MALE] (19)  
**INSURED:** [JOHN DOE] (14)  
**OWNER:** [JOHN DOE] (15)  
  
**CLASS OF RISK:** [PREFERRED NON-TOBACCO] (16)

<b>TYPE OF COVERAGE</b>	<b>FACE AMOUNT</b>	<b>PREMIUMS PAYABLE</b>	<b>*ANNUAL PREMIUM</b>
BASIC POLICY	\$[10,000.00] (21)	[64] YEARS (22)	\$[206.30] (23)
[ACCIDENTAL DEATH BENEFIT RIDER] (20)	[10,000.00] (21)	[TO AGE 98] (22)	[\$21.70] (23)

**\*Total Annual Premium on Policy Date** ..... \$[228.00] (24)

\*THE "ANNUAL PREMIUM" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" LISTED ON THIS PAGE ARE THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**Initial Premium Payment Amount and Mode** .....[\$228.00] [ANNUALLY] [DIRECT BILL] (25)  
**Total Payments Per Year** .....[\$228.00] (26)

**SCHEDULE OF PREMIUMS**

	<b>Annually</b>	<b>Semi-Annually</b>	<b>Quarterly</b>	<b>Monthly</b>
Premium Due Per Payment	\$[228.00] (27)	\$[115.86] (27)	\$ [58.86] (27)	\$ [19.31] (27)
Total Payments Per Year	\$[228.00] (27)	\$[231.72] (27)	\$[235.44] (27)	\$[231.72] (27)

The Schedule of Premiums above is for direct billing only. A Schedule of Premiums for other payment modes will be provided on request.

# TABLE OF POLICY VALUES

IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:

POLICY NUMBER: [110 01 SAMPLE] (28)

NONFORFEITURE INTEREST RATE: [5.00%] (29)

(30)

END OF POLICY YEAR	AGE OF INSURED	CASH VALUE	EXTENDED TERM INSURANCE		REDUCED PAID UP INSURANCE
			YEARS	DAYS	
[1	36	\$ 0.00	0	0	\$ 0.00]
[2	37	0.00	0	0	0.00]
[3	38	37.40	2	309	223.00]
[4	39	124.40	7	329	708.00]
[5	40	215.00	11	310	1173.00]
[6	41	309.20	14	296	1617.00]
[7	42	407.00	16	348	2041.00]
[8	43	508.30	18	227	2445.00]
[9	44	613.00	19	313	2829.00]
[10	45	721.20	20	289	3195.00]
[11	46	832.80	21	194	3542.00]
[12	47	948.20	22	50	3873.00]
[13	48	1067.90	22	226	4190.00]
[14	49	1192.60	22	358	4495.00]
[15	50	1322.30	23	81	4788.00]
[16	51	1456.60	23	136	5068.00]
[17	52	1595.40	23	164	5334.00]
[18	53	1738.30	23	168	5588.00]
[19	54	1885.20	23	151	5830.00]
[20	55	2035.50	23	112	6058.00]
	[@55	2035.50	23	112	6058.00]
	[@60	2840.70	22	46	7040.00]
	[@65	3722.40	20	101	7797.00]

## DEFINITIONS

In this policy:

**Age** means a person's age in years on his or her last birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.

The **Beneficiary** is the person(s) designated to receive the death benefit on the death of the Insured. The Beneficiary named on the application may be changed as provided in this policy.

The **Date of Issue** is the date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.

The **Face Amount** is the amount upon which the death benefit is determined. The Face Amount is shown in the Policy Data.

**In Force** means insurance coverage is in effect and has not terminated.

The **Insured** is the person whose life is insured under this policy. The Insured is identified in the Policy Data.

**Lapse** means termination of the policy at the end of the grace period due to non-payment of premiums. If this policy Lapses, the Insured's life will no longer be insured under the terms of this policy except as set forth in the Nonforfeiture Provisions.

**Loan Balance** means the sum of any unpaid policy loans and accrued loan interest. We will deduct any Loan Balance from any amounts payable by us under this policy.

The **Monthly Anniversary Date** is the day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Anniversary Date for that month will be the first day of the following month.

A **Policy Anniversary** is the same day and month as the Policy Date for each year this policy remains In Force.

The **Policy Date** is the date coverage is effective under this policy. We will use the Policy Date to determine the premium due dates, Monthly Anniversary Dates, Policy Anniversaries and Policy Years. The Policy Date is shown in the Policy Data.

A **Policy Year** is the 12 month period directly preceding a Policy Anniversary.

**Reinstate** means to restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.

A **Rider** is an attachment to this policy that provides an additional benefit.

**Written Request** means a signed request in a form satisfactory to us that is received at our Administrative Office.

**You** and **your** means the owner of this policy. The owner as of the Date of Issue is identified in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, **you** and **your** will refer to the new owner.

## OWNERSHIP

**Owner of the Policy** - The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If the owner dies during the Insured's lifetime, ownership of this policy will pass to the owner's estate if no contingent owner is named. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

**Assignment of the Policy** - You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect as of the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

## THE BENEFICIARY

**Who Receives the Death Benefit** - When the death benefit is payable under this policy, we will pay it to the Beneficiary named by you in accordance with this policy. If no Beneficiary has been designated, or if the interest of all designated Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit will end.
2. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary.
3. If the Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

**How to Change a Beneficiary** - You may name or change the Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

## PAYMENT OF THE DEATH BENEFIT

**Proof of Death** - We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

**Death Benefit** - The amount of the death benefit will be equal to:

- (a) the Face Amount of this policy,
- plus (b) the amount payable under any attached rider, subject to its terms,
- plus (c) the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death,

minus (d) the amount of any portion of a premium due under the Grace Period provision,  
minus (e) the amount of any Loan Balance.

The amount of the death benefit may be affected by the Misstatement of Age or Sex in the Application provision of this policy.

**Interest on Death Benefit** - If we do not pay the death benefit within 30 days after we receive due proof of the Insured's death, we will pay interest on the death benefit from the date of the Insured's death to the date the payment is made. The interest rate will be equal to 8%.

## PREMIUMS

**Premium** - To keep this policy In Force, each premium must be paid in advance. Premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

The annual premium is shown in the Policy Data. If you pay your premiums more frequently than annually, the total amount you pay in a year may be higher than if you made one annual payment.

**Grace Period** - If premiums are not paid when they are due, this policy will Lapse. We will allow a period of 31 days after the premium due date for payment of each premium after the first premium. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31 day period immediately following the due date. The Insured's life will continue to be insured during this 31 day period. During the grace period, we will not charge any interest on the premium due. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before the premium is paid, we will deduct the portion of the premium required to provide insurance from the premium due date to the date of the Insured's death from the death benefits payable under this policy.

**Reinstatement** - If this policy Lapses, you may Reinstatement it as provided in this section unless it has been surrendered for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within five years from the end of the grace period. Before we Reinstatement your policy, we will require:

1. Your Written Request to Reinstatement this policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us,
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually, and
5. Payment or reinstatement of any Loan Balance at the interest rates in effect during the period of Lapse.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living.

## NONFORFEITURE PROVISIONS

**Cash Value** - The Cash Value while this policy is In Force on a premium paying basis is shown in the Table of Policy Values. Cash Values have been calculated on the assumption that there is no Loan Balance outstanding. Any Loan Balance is subtracted to find the Net Cash Value.

**Lapse** - If the premium is not paid when due or before the end of a grace period, the Net Cash Value as of the date of Lapse will be applied under one of the following options. The owner may elect an option, upon Written Request, within 60 days after the date to which premiums have been paid. If no election is made, the Extended Term Option will apply. The basic life benefit continued under the Extended Term Option or Reduced Paid Up Option will not include additional benefits provided under any rider attached to this policy, unless specifically provided in such rider.



**Extended Term Option** - Under this option, the Net Cash Value is used to buy level term insurance. The amount will be equal to the stated Face Amount less any Loan Balance. The term of coverage will be that which the Net Cash Value will buy when applied as a net single premium at the Insured's Age and class of risk as of the date of Lapse.

**Reduced Paid Up Option** - Under this option, the Net Cash Value is used to buy a level amount of whole life insurance. No further premiums are due. The amount will be that which the Net Cash Value will buy when applied as a net single premium at the Insured's Age and class of risk as of the date of Lapse.

**Surrender Option** - This policy may be surrendered for its Net Cash Value if it is then on a premium paying basis or Reduced Paid Up Option, at any time upon Written Request. The surrender will take effect on the date the Written Request is signed by you. Upon surrender, all insurance provided by the policy and any riders, unless the riders provide otherwise, will terminate.

If this policy is surrendered within 60 days after a Policy Anniversary, the Cash Value on the surrender date will not be less than it was on that Policy Anniversary date. If it is surrendered more than 60 days after a Policy Anniversary, due allowance will be made for time elapsed and any fractional premium payment. We can defer any payment under this provision for up to six months from the date we receive your Written Request.

**Basis of Computation of Policy Values** - Nonforfeiture values for this policy are shown in the Table of Policy Values. The nonforfeiture values are shown for the Age at which this policy was issued and at the end of certain Policy Years, with the assumption that premiums are paid to the end of those years and that there is no Loan Balance outstanding. The value at any time during a Policy Year will be calculated on the same basis, with allowance for any premium paid for part of the Policy Year. Nonforfeiture values for any Policy Years not shown will be furnished upon Written Request.

Nonforfeiture values and net single premiums are calculated using the Nonforfeiture Interest Rate shown in the Table of Policy Values, assuming immediate payment of claims.

The nonforfeiture values of this policy are not less than the minimum values and benefits required by the laws of the state in which this policy is delivered. On each Policy Anniversary, the value of any paid up insurance is equal to the net single premium at the Age of the Insured using the Nonforfeiture Interest Rate shown in the Table of Policy Values. A detailed statement of the method of computing nonforfeiture values has been filed with the proper supervisory officials of the state where this policy is delivered.

## **POLICY LOANS**

**Policy Loan** - You may obtain a Policy Loan by Written Request provided this policy is not then in the Extended Term Option. The maximum amount available for Policy Loans will be 90% of the Net Cash Value. This policy will be the only security for the Loan Balance. We can defer a Policy Loan for up to six months from the date we receive your Written Request, but not if it is being used to pay premiums to us under an Automatic Premium Loan. Any Loan Balance will be deducted from any amounts payable by us under this policy.

**Loan Interest Rate** - Interest on any loan is payable at rates declared by us from time to time. This rate may change from year to year, but it will not exceed 8% per year. You will be notified of the current rate at the time of a loan. No increase in rate shall apply until 30 days prior notice has been given.

**Repayment of Loan Balance** - All or part of any Loan Balance may be repaid at any time while this policy is In Force. Failure to repay the Loan Balance will not terminate this policy unless the Loan Balance exceeds the Cash Value. If this happens, we will send a notice of termination to the owner and any assignee of which we have a record. We will mail this notice at least 30 days before terminating the policy.

**Automatic Premium Loan** - If this feature is in effect, any unpaid premium for this policy and attached riders, if any, which falls due one year or more from the Policy Date will be paid at the end of a grace period by an automatic loan. An automatic loan will not be granted if the premium due exceeds the Net Cash Value.

Automatic loans will be subject to all of this policy's provisions regarding Policy Loans. The loan will bear interest from the premium due date.

This feature will not take effect unless selected in the application or elected by Written Request. If active, this feature can be cancelled by Written Request.

## GENERAL PROVISIONS

**This Policy is Our Contract with You** - This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments thereto either by you or by the Insured will, in the absence of fraud (when such defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all of the terms and conditions of this policy unless we state otherwise in the rider.

**Incontestability** - We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, a new two year contestability period (in addition to any remaining contestability period) will apply from the date of Reinstatement and will apply only to statements made in the application for Reinstatement.

The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

**Amount Payable Is Limited in the Event of Suicide** - If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to an amount equal to the premiums paid for this policy.

**Misstatement of Age or Sex in the Application** - If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the death benefit to that which the premiums paid would have purchased at the correct Age or sex.

**Extra Benefit Riders** - The extra benefit riders, if any, are listed in the Policy Data.

**Who Can Make Changes in the Policy** - No change or waiver of any of the provisions of this policy will be valid unless it is made in writing by us. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this policy.

**Termination of Insurance** - This policy will terminate and all coverage on the Insured's life will end on the earliest of the following dates or events:

1. The date this policy Lapses; or
2. The date this policy is surrendered for its Net Cash Value by Written Request; or
3. The date of the Insured's death; or
4. The date the Loan Balance exceeds the Cash Value; or
5. The maturity date shown in the Policy Data. On the maturity date, we will pay the Net Cash Value to the owner.

Our acceptance of a premium for any period after the date of termination of this policy shall create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

**No Dividends are Payable** - This is non-participating insurance. It does not participate in our profits or surplus.

**Your Rights** - During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow. Some of your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.

## **SETTLEMENT PROVISIONS**

**Lump Sum Payment** - When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing you with drafts by which you may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.

**Settlement Options** - During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

**Annuity** - We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for life, or for a period certain, with or without a guaranteed period, as agreed to by the payee and us. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

**Benefit Deposited with Interest** - We will hold the benefit on deposit with us and it will earn interest from the date of death. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time, but unlike for Lump Sum Payment, no drafts will be provided.

**Conditions** - Death benefits of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or a dependent of the Insured.

**Payments Exempt from the Claims of Creditors** - To the extent permitted by law:

1. No payment of death benefit or interest we make will be subject to the claims of any creditor; and
2. If you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.



A Stock Company

Home Office located at: [Cedar Rapids, Iowa] (31)

Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499] (32)

(Referred to as the Company, we, our or us) [(319) 355-8511] (33)

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends**

Please examine your policy and the attached copy of the application carefully. Contact your agent if you desire additional services or information.

If you change your address, please notify us at our Administrative Office giving your full name and policy number.

Your policy is a valuable asset. For your own protection, let us advise you regarding any suggestion to terminate or replace this policy.



A Stock Company

Home Office located at: [Cedar Rapids, Iowa] (1)

Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499] (2)

(Referred to as the Company, we, our or us) [(319) 355-8511] (3)

---

INSURED	[JOHN DOE] (4)	POLICY NUMBER	[110 01 SAMPLE] (7)
FACE AMOUNT	[\$10,000.00] (5)	POLICY DATE	[APRIL 01, 2010] (8)
OWNER	[JOHN DOE] (6)		

---

Monumental Life Insurance Company will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy.

Signed for the Company at [Cedar Rapids, Iowa] (9), on the Date of Issue.

A handwritten signature in black ink, appearing to read 'N. Stacy Boyer', enclosed in square brackets.

[SECRETARY] (10)

A handwritten signature in black ink, appearing to read 'H. J. Hagen', enclosed in square brackets.

[PRESIDENT] (10)

**10 DAY RIGHT TO CANCEL** - You may cancel this policy by delivering or mailing a Written Request to us or the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage paid. We must return all payments made for this policy within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

This policy is a legal contract between the owner and the Company.

#### READ YOUR POLICY CAREFULLY

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends  
Limited Death Benefit During First Two Policy Years**

## GUIDE TO POLICY PROVISIONS

	Page
Amount of Death Benefit.....	5-6
Assignment of the Policy.....	5
Change of Beneficiary.....	5
Definitions.....	4
Dividends (No Dividends are Payable).....	9
Extra Benefit Riders.....	9
Grace Period for Paying Premiums.....	6
Incontestability.....	8
Loan Interest Rate.....	7
Loans.....	7-8
Misstatement of Age or Sex.....	8
Nonforfeiture Provisions.....	7
Ownership and Beneficiary Provisions.....	5
Payment of the Death Benefit.....	5-6
Policy Contract.....	8
Policy Data.....	3-3A
Policy Date.....	3
Premiums.....	6
Proof of Death.....	5
Reinstatement.....	6
Schedule of Premiums.....	3
Settlement Provisions.....	9-10
Suicide.....	8
Surrender Option.....	7
Table of Policy Values.....	3A
Termination of Insurance.....	9
Your Rights.....	9

# POLICY DATA

POLICY NUMBER: [110 01 SAMPLE] (11)      DATE OF ISSUE: [APRIL 01, 2010] (16)  
 POLICY DATE: [APRIL 01, 2010] (12)      MATURITY DATE: [MARCH 31, 2096] (17)  
 FACE AMOUNT: \$[10,000.00] (13)      ISSUE AGE/SEX: [35/MALE] (18)  
 INSURED: [JOHN DOE] (14)  
 OWNER: [JOHN DOE] (15)

TYPE OF COVERAGE	FACE AMOUNT	PREMIUMS PAYABLE	* ANNUAL PREMIUM
BASIC POLICY ** LIMITED DEATH BENEFIT DURING FIRST TWO POLICY YEARS	\$[10,000.00] (19)	[64] YEARS (20)	\$[447.50] (21)

\*Total Annual Premium on Policy Date ..... \$[447.50] (22)

\*THE "ANNUAL PREMIUM" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" LISTED ON THIS PAGE ARE THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

\*\* DURING THE FIRST TWO POLICY YEARS, THE DEATH BENEFIT WILL BE BASED ON 30% OF THE FACE AMOUNT IN THE FIRST POLICY YEAR, OR 60% OF THE FACE AMOUNT IN THE SECOND POLICY YEAR. AFTER THE FIRST TWO POLICY YEARS, THE DEATH BENEFIT IS BASED ON THE FACE AMOUNT.

Initial Premium Payment Amount and Mode.....[\$447.50] [ANNUALLY] [DIRECT BILL] (23)  
 Total Payments Per Year.....[\$447.50] (24)

## SCHEDULE OF PREMIUMS

	Annually	Semi-Annually	Quarterly	Monthly
Premium Due Per Payment	\$[447.50] (25)	\$[227.81] (25)	\$[115.93] (25)	\$[37.97] (25)
Total Payments Per Year	\$[447.50] (25)	\$[455.62] (25)	\$[463.72] (25)	\$[455.64] (25)

The Schedule of Premiums above is for direct billing only. A Schedule of Premiums for other payment modes will be provided on request.



# TABLE OF POLICY VALUES

IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:

POLICY NUMBER: [110 01 SAMPLE] (26)

NONFORFEITURE INTEREST RATE: [5.00%] (27)

(28)

<u>END OF POLICY YEAR</u>	<u>AGE OF INSURED</u>	<u>CASH VALUE</u>	<u>REDUCED PAID UP INSURANCE</u>
[1	36	\$ 0.00	\$ 0.00]
[2	37	0.00	0.00]
[3	38	86.10	493.00]
[4	39	175.60	964.00]
[5	40	268.70	1414.00]
[6	41	365.30	1844.00]
[7	42	465.50	2254.00]
[8	43	569.10	2645.00]
[9	44	676.10	3017.00]
[10	45	786.30	3370.00]
[11	46	899.90	3705.00]
[12	47	1017.10	4026.00]
[13	48	1138.60	4332.00]
[14	49	1265.00	4627.00]
[15	50	1396.20	4910.00]
[16	51	1532.20	5181.00]
[17	52	1672.50	5439.00]
[18	53	1816.70	5685.00]
[19	54	1964.60	5919.00]
[20	55	2155.60	6140.00]
	[@55	2155.60	6140.00]
	[@60	2920.70	7091.00]
	[@65	3795.60	7825.00]

## DEFINITIONS

In this policy:

**Age** means a person's age in years on his or her last birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.

The **Beneficiary** is the person(s) designated to receive the death benefit on the death of the Insured. The Beneficiary named on the application may be changed as provided in this policy.

The **Date of Issue** is the date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.

The **Face Amount** is the amount upon which the death benefit is determined. The Face Amount is shown in the Policy Data.

**In Force** means insurance coverage is in effect and has not terminated.

The **Insured** is the person whose life is insured under this policy. The Insured is identified in the Policy Data.

**Lapse** means termination of the policy at the end of the grace period due to non-payment of premiums. If this policy Lapses, the Insured's life will no longer be insured under the terms of this policy except as set forth in the Nonforfeiture Provisions.

**Loan Balance** means the sum of any unpaid policy loans and accrued loan interest. We will deduct any Loan Balance from any amounts payable by us under this policy.

The **Monthly Anniversary Date** is the day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Anniversary Date for that month will be the first day of the following month.

A **Policy Anniversary** is the same day and month as the Policy Date for each year this policy remains In Force.

The **Policy Date** is the date coverage is effective under this policy. We will use the Policy Date to determine the premium due dates, Monthly Anniversary Dates, Policy Anniversaries and Policy Years. The Policy Date is shown in the Policy Data.

A **Policy Year** is the 12 month period directly preceding a Policy Anniversary.

**Reinstate** means to restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.

A **Rider** is an attachment to this policy that provides an additional benefit.

**Written Request** means a signed request in a form satisfactory to us that is received at our Administrative Office.

**You** and **your** means the owner of this policy. The owner as of the Date of Issue is identified in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, **you** and **your** will refer to the new owner.

## OWNERSHIP

**Owner of the Policy** - The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If the owner dies during the Insured's lifetime, ownership of this policy will pass to the owner's estate if no contingent owner is named. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

**Assignment of the Policy** - You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect as of the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

## THE BENEFICIARY

**Who Receives the Death Benefit** - When the death benefit is payable under this policy, we will pay it to the Beneficiary named by you in accordance with this policy. If no Beneficiary has been designated, or if the interest of all designated Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit will end.
2. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary.
3. If the Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

**How to Change a Beneficiary** - You may name or change the Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

## PAYMENT OF THE DEATH BENEFIT

**Proof of Death** - We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

**Limited Death Benefit** - If the Insured dies within the first two Policy Years, the death benefit will be limited to 30% of the Face Amount of the policy during the first Policy Year, or 60% of the Face Amount of the policy during the second Policy Year, minus the amount of any Loan Balance.

After the second Policy Anniversary, the amount of the death benefit will be equal to:

- (a) the Face Amount of this policy,

- plus (b) the amount payable under any attached rider, subject to its terms,
- plus (c) the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death,
- minus (d) the amount of any portion of a premium due under the Grace Period provision,
- minus (e) the amount of any Loan Balance.

The amount of the death benefit may be affected by the Misstatement of Age or Sex in the Application provision of this policy.

**Interest on Death Benefit** - If we do not pay the death benefit within 30 days after we receive due proof of the Insured's death, we will pay interest on the death benefit from the date of the Insured's death to the date the payment is made. The interest rate will be equal to 8%.

## **PREMIUMS**

**Premium** - To keep this policy In Force, each premium must be paid in advance. Premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

The annual premium is shown in the Policy Data. If you pay your premiums more frequently than annually, the total amount you pay in a year may be higher than if you made one annual payment.

**Grace Period** - If premiums are not paid when they are due, this policy will Lapse. We will allow a period of 31 days after the premium due date for payment of each premium after the first premium. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31 day period immediately following the due date. The Insured's life will continue to be insured during this 31 day period. During the grace period, we will not charge any interest on the premium due. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before the premium is paid, we will deduct the portion of the premium required to provide insurance from the premium due date to the date of the Insured's death from the death benefits payable under this policy.

**Reinstatement** - If this policy Lapses, you may Reinstatement it as provided in this section unless it has been surrendered for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within five years from the end of the grace period. Before we Reinstatement your policy, we will require:

1. Your Written Request to Reinstatement this policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us,
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually, and
5. Payment or reinstatement of any Loan Balance at the interest rates in effect during the period of Lapse.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living.

## NONFORFEITURE PROVISIONS

**Cash Value** - The Cash Value while this policy is In Force on a premium paying basis is shown in the Table of Policy Values. Cash Values have been calculated on the assumption that there is no Loan Balance outstanding. Any Loan Balance is subtracted to find the Net Cash Value.

**Lapse** - If the premium is not paid when due or before the end of a grace period, the Net Cash Value as of the date of Lapse will be applied under one of the following options. The owner may elect an option, upon Written Request, within 60 days after the date to which premiums have been paid. If no election is made, the Reduced Paid Up Option will apply. The basic life benefit under the Reduced Paid Up Option will not include additional benefits provided under any rider attached to this policy, unless specifically provided in such rider.

**Reduced Paid Up Option** - Under this option, the Net Cash Value is used to buy a level amount of whole life insurance. No further premiums are due. The amount will be that which the Net Cash Value will buy when applied as a net single premium at the Insured's Age and class of risk as of the date of Lapse.

**Surrender Option** - This policy may be surrendered for its Net Cash Value if it is then on a premium paying basis or Reduced Paid Up Option, at any time upon Written Request. The surrender will take effect on the date the Written Request is signed by you. Upon surrender, all insurance provided by the policy and any riders, unless the riders provide otherwise, will terminate.

If this policy is surrendered within 60 days after a Policy Anniversary, the Cash Value on the surrender date will not be less than it was on that Policy Anniversary date. If it is surrendered more than 60 days after a Policy Anniversary, due allowance will be made for time elapsed and any fractional premium payment. We can defer any payment under this provision for up to six months from the date we receive your Written Request.

**Basis of Computation of Policy Values** - Nonforfeiture values for this policy are shown in the Table of Policy Values. The nonforfeiture values are shown for the Age at which this policy was issued and at the end of certain Policy Years, with the assumption that premiums are paid to the end of those years and that there is no Loan Balance outstanding. The value at any time during a Policy Year will be calculated on the same basis, with allowance for any premium paid for part of the Policy Year. Nonforfeiture values for any Policy Years not shown will be furnished upon Written Request.

Nonforfeiture values and net single premiums are calculated using the Nonforfeiture Interest Rate shown in the Table of Policy Values, assuming immediate payment of claims.

The nonforfeiture values of this policy are not less than the minimum values and benefits required by the laws of the state in which this policy is delivered. On each Policy Anniversary, the value of any paid up insurance is equal to the net single premium at the Age of the Insured using the Nonforfeiture Interest Rate shown in the Table of Policy Values. A detailed statement of the method of computing nonforfeiture values has been filed with the proper supervisory officials of the state where this policy is delivered.

## POLICY LOANS

**Policy Loan** - You may obtain a Policy Loan by Written Request provided this policy is not then in the Extended Term Option. The maximum amount available for Policy Loans will be 90% of the Net Cash Value. This policy will be the only security for the Loan Balance. We can defer a Policy Loan for up to six months from the date we receive your Written Request, but not if it is being used to pay premiums to us under an Automatic Premium Loan. Any Loan Balance will be deducted from any amounts payable by us under this policy.

**Loan Interest Rate** - Interest on any loan is payable at rates declared by us from time to time. This rate may change from year to year, but it will not exceed 8% per year. You will be notified of the current rate at the time of a loan. No increase in rate shall apply until 30 days prior notice has been given.

**Repayment of Loan Balance** - All or part of any Loan Balance may be repaid at any time while this policy is In Force. Failure to repay the Loan Balance will not terminate this policy unless the Loan Balance exceeds the Cash Value. If this happens, we will send a notice of termination to the owner and any assignee of which we have a record. We will mail this notice at least 30 days before terminating the policy.

**Automatic Premium Loan** - If this feature is in effect, any unpaid premium for this policy and attached riders, if any, which falls due one year or more from the Policy Date will be paid at the end of a grace period by an automatic loan. An automatic loan will not be granted if the premium due exceeds the Net Cash Value.

Automatic loans will be subject to all of this policy's provisions regarding Policy Loans. The loan will bear interest from the premium due date.

This feature will not take effect unless selected in the application or elected by Written Request. If active, this feature can be cancelled by Written Request.

## **GENERAL PROVISIONS**

**This Policy is Our Contract with You** - This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments thereto either by you or by the Insured will, in the absence of fraud (when such defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all of the terms and conditions of this policy unless we state otherwise in the rider.

**Incontestability** - We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, a new two year contestability period (in addition to any remaining contestability period) will apply from the date of Reinstatement and will apply only to statements made in the application for Reinstatement.

The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

**Amount Payable Is Limited in the Event of Suicide** - If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to an amount equal to the premiums paid for this policy.

**Misstatement of Age or Sex in the Application** - If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the death benefit to that which the premiums paid would have purchased at the correct Age or sex.

**Extra Benefit Riders** - The extra benefit riders, if any, are listed in the Policy Data.

**Who Can Make Changes in the Policy** - No change or waiver of any of the provisions of this policy will be valid unless it is made in writing by us. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this policy.

**Termination of Insurance** - This policy will terminate and all coverage on the Insured's life will end on the earliest of the following dates or events:

1. The date this policy Lapses; or
2. The date this policy is surrendered for its Net Cash Value by Written Request; or
3. The date of the Insured's death; or
4. The date the Loan Balance exceeds the Cash Value; or
5. The maturity date shown in the Policy Data. On the maturity date, we will pay the Net Cash Value to the owner.

Our acceptance of a premium for any period after the date of termination of this policy shall create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

**No Dividends are Payable** - This is non-participating insurance. It does not participate in our profits or surplus.

**Your Rights** - During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow. Some of your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.

## **SETTLEMENT PROVISIONS**

**Lump Sum Payment** - When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing you with drafts by which you may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.

**Settlement Options** - During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

**Annuity** - We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for life, or for a period certain, with or without a guaranteed period, as agreed to by the payee and us. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

**Benefit Deposited with Interest** - We will hold the benefit on deposit with us and it will earn interest from the date of death. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time, but unlike for Lump Sum Payment, no drafts will be provided.

**Conditions** - Death benefits of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or a dependent of the Insured.

**Payments Exempt from the Claims of Creditors** - To the extent permitted by law:

1. No payment of death benefit or interest we make will be subject to the claims of any creditor; and
2. If you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.





A Stock Company

Home Office located at: [Cedar Rapids, Iowa] (29)

Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499] (30)

(Referred to as the Company, we, our or us) [(319) 355-8511] (31)

**Whole Life Insurance with  
Death Benefit Payable at Death While the Policy is In Force  
Premiums Payable for a Stated Period Shown in the Policy Data  
Non-Participating - No Dividends  
Limited Death Benefit During First Two Policy Years**

Please examine your policy and the attached copy of the application carefully. Contact your agent if you desire additional services or information.

If you change your address, please notify us at our Administrative Office giving your full name and policy number.

Your policy is a valuable asset. For your own protection, let us advise you regarding any suggestion to terminate or replace this policy.



A Stock Company

Home Office located at: [Cedar Rapids, Iowa] (1)

Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499] (2)

(Referred to as the Company, we, our or us) [(319) 355-8511] (3)

## ACCIDENTAL DEATH BENEFIT RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

We will pay the Accidental Death Benefit Rider Face Amount to the Beneficiary when we receive satisfactory proof that the Insured has died and that the death was an Accidental Death as defined in this rider. The Accidental Death Benefit Rider Face Amount is shown in the Policy Data. All payments are subject to the provisions of the policy and this rider.

**Definitions** - In this rider:

**Accidental Bodily Injury** means an injury that is the direct cause, independently of sickness or disease, of your Accidental Death.

**Accidental Death** means loss of life that, independently of sickness or disease, results solely from an Accidental Bodily Injury. The death must occur prior to termination of this rider and within 90 days of the Accidental Bodily Injury.

**Insured** means the Insured under the policy to which this rider is attached.

**Termination** - This rider will terminate:

1. On the Policy Anniversary on or following the Insured's 98th birthday.
2. At the death of the Insured.
3. On the date the owner requests termination of this rider.
4. If the policy Lapses.
5. If the policy is surrendered or continued under any nonforfeiture option.
6. If the policy matures or terminates.
7. If the policy is converted to another policy.

Any premium paid for any period after the date of termination of this rider shall create no liability for us, nor will it constitute a waiver of the termination. Any such premium paid will be refunded.

**Risks Not Covered** - We will not pay the Accidental Death Benefit Rider Face Amount if the Insured's Accidental Bodily Injury or death is caused by or contributed to by, or results directly or indirectly, wholly or in part, from:

1. Suicide or intentionally self-inflicted injury while sane or insane.
2. Sickness, disease, or physical or mental infirmity, pregnancy or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition.
3. Being engaged in, aiding or abetting, or attempting to engage in, an illegal activity, act or occupation.
4. The voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a physician's advice and written instruction.

5. Poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless administered in accordance with a physician's advice and written instruction.
6. An accident that occurs while the Insured was driving a motor vehicle while he or she had alcohol or any intoxicant, narcotic, sedative or other drug physically present in his or her body, unless administered in accordance with a physician's advice and written instruction.
7. Travel in or descent from any vehicle, aircraft or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
8. Service in the military, military reserves, or any unit attached thereto.
9. Participation in any of the following activities: Motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing or any related hazardous activities.
10. War, whether declared or undeclared, or armed conflict.

**Notice of Claim** - Notice of claim must be given to us at our Administrative Office. Such notice should be made within 30 days after any loss covered by the rider unless it is not reasonably possible to give notice within that time period.

**Proof of Loss** - Written proof of loss must be given to us at our Administrative Office. Proof must be sent within 90 days after the date of such loss.

If it was not reasonably possible to give notice and/or written proof in the time required, we shall not reduce or deny the claim for this reason if the notice and/or proof are filed as soon as reasonably possible. In any event, the notice and proof required must be given no later than one year after the date of such loss unless the claimant was legally incapacitated.

**Claim Forms** - When we receive the notice of claim, we will send the forms for filing written proof of loss. If these forms are not sent to the claimant within 10 working days, the proof of loss requirements will be met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

**Time of Payment of Claims** - After receiving written proof of loss and following any claim review, subject to the terms of this rider, we will immediately pay all benefits then due under this rider.

**Autopsy** - We have the right to have an autopsy performed at our expense, unless prohibited by law.

**Consideration** - This rider is issued in consideration of the application and the payment of premiums as provided in the policy. A copy of the application is attached to the policy.

**Incontestability** - The provisions of the policy relating to incontestability apply to this rider. However, if this rider is added after the Date of Issue of the policy, the contestable period will be measured from the Effective Date of this rider.

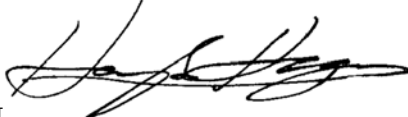
**No Dividends are Payable** - This rider does not participate in our profits or surplus.

**Nonforfeiture Values** - This rider has no Cash Value or loan value.

**Effective Date** - This rider becomes effective on the Policy Date unless we inform you in writing of a different date.

Signed for the Company at [Cedar Rapids, Iowa]. (4)

[  ]  
[SECRETARY] (5)

[  ]  
[PRESIDENT] (5)

SERFF Tracking Number:	AEGB-126626428	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	45702
Company Tracking Number:	WL08 AR, WL09 AR, ADR08 AR		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider		
Project Name/Number:	Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachments:</b>		
AR Regulation 19 Certification.pdf		
AR Regulation 49 Certification.pdf		
Flesch Score Cert ML.pdf		
AR Bulletin 15-2009 Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	
<b>Comments:</b>	This application was approved by your Department on March 29, 2010 under SERFF Tracking Number AEGB-126550523.	
<b>Attachment:</b>		
L120 0210.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Bulletin 11-83 Certification and Premium Rates	
<b>Comments:</b>		
<b>Attachments:</b>		
AR Bulletin 11-83 Certification.pdf		
WL08 Premiums AR_NC_OR_TX.pdf		
WL09 Premiums AR_NC_OR_TX.pdf		
ADR08 Premiums AR_NC_OR_TX.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
--	---------------------	---------------------

SERFF Tracking Number: AEGB-126626428 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 45702  
Company Tracking Number: WL08 AR, WL09 AR, ADR08 AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider  
Project Name/Number: Whole Life Policy, Whole Life Policy with Graded Death Benefit, Accidental Death Benefit Rider/WL08 AR, WL09 AR, ADR08 AR

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachments:**

Statement of Variability (WL08 AR).pdf  
Statement of Variability (WL09 AR).pdf  
Statement of Variability (ADR08 AR).pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** WL08 AR (Sample Policy Data for a  
Policy with Level Premiums  
Payable for 10 Years)

**Comments:**

**Attachment:**

WL08 AR 10 Pay Policy Data.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Policy Cost and  
Benefit Information

**Comments:**

**Attachments:**

WL08 Disclosure\_STD.pdf  
WL09 Disclosure AR\_NV\_PA.pdf

**MONUMENTAL LIFE INSURANCE COMPANY**

**Home Office: Cedar Rapids, Iowa**

**REGULATION 19 CERTIFICATION**

**Policy Forms: WL08 AR and WL09 AR**

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



---

Cheryl Bock  
Assistant Vice President

05/14/10  
Date

**MONUMENTAL LIFE INSURANCE COMPANY**

**Home Office: Cedar Rapids, Iowa**

**REGULATION 49 CERTIFICATION**

**Policy Forms: WL08 AR and WL09 AR**

We certify that, for policies issued in Arkansas on the above-referenced policy form numbers, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.



---

Cheryl Bock  
Assistant Vice President

05/14/10  
Date

**MONUMENTAL LIFE INSURANCE COMPANY  
FLESCH READABILITY CERTIFICATION**

**Form Number (may vary by state)**

**Flesch Score**

WL08

53.8

WL09

52.5

ADR08

62.1

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

---

Cheryl Bock, Assistant Vice President of Contract Development



**MONUMENTAL LIFE INSURANCE COMPANY**

**Home Office: Cedar Rapids, Iowa**

**BULLETIN 15-2009 CERTIFICATION**

**Policy Forms: WL08 AR and WL09 AR**

We certify that, for policies issued in Arkansas on the above-referenced policy form numbers, we will deliver the Consumer Information Notice required by Bulletin 15-2009.



---

Cheryl Bock  
Assistant Vice President

05/14/10  
Date



## EXPRESS ISSUE COVER SHEET

(Please submit completed sheet with every application)

<b>Agent Information</b>		
Agent ID	Agent Name (Print)	Agent Phone (     )
Agent Email		Agent Fax (     )
<b>Proposed Insured Information</b>		
Insured's name (Print)		Last 4 digits of Insured's social security #
Required Disclosures with Application: <input type="checkbox"/> HIPPA Authorization Form <input type="checkbox"/> Bank Draft Form		
Other Disclosures (if applicable): <input type="checkbox"/> Accelerated Death Benefit Disclosure Form <input type="checkbox"/> HIV Consent Form <input type="checkbox"/> Replacement Form(s)		
How are you paying the Initial Premium? <input type="checkbox"/> By Check: Available with all methods, but must be used if subsequent payments are quarterly, semi-annual or annual • Is the check for initial premium payment on the same account as monthly EFT payments? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> <input type="checkbox"/> Draft Initial Premium: Monthly EFT mode only. Draft Initial Premium is the default option if no selection is made and subsequent premiums will be paid by Monthly EFT. You may indicate the Initial premium Draft Date below. • Did you attach a void check copy (deposit slip for savings accounts) to the application? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
Do you want to select a <u>Draft Date</u> for the <u>Initial Premium</u> ? (See 'Draft Date Procedures & Scenarios' on Website) • "Draft Initial Premium" must be selected above. You may not select an initial premium draft date if you are collecting a check. • It is preferred that the initial premium draft date be the same day of the month for all subsequent premiums and may not be greater than 30 days after the application date. • If you do not select an initial premium draft date or select an incorrect date, the default draft date for the initial premium will be the placement date (policy date).		
If you want to choose a specific Initial Premium Draft date, please indicate the date (mm/dd): _____ <div style="text-align: right;">(1st thru 28th only)</div>		
Submitting Application to Monumental: ( <b><i>Faxing is the preferred method</i></b> ) If faxing, fax to 1-866-834-0437 and enter date faxed _____. <b>Do Not</b> mail originals if faxing. If mailing the application and/or check for initial premium please send with cover sheet to: <b>Monumental Life, 4333 Edgewood Road NE, Cedar Rapids, IA 52499</b>		



Monumental Life Insurance Company  
Home Office: 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499

## LIFE APPLICATION

Agent ID #	State Application Taken	Policy # (H.O. Use Only)
------------	-------------------------	--------------------------

### Part A1 - Proposed Insured

Name (First, M.I., Last)	Address, City, State, Zip Code (cannot be a P.O. Box)
--------------------------	---

SSN	Gender	D.O.B. (MM/DD/YYYY)	Age	U.S. State or Country of Birth	Phone Number ( )
-----	--------	---------------------	-----	--------------------------------	---------------------

- 1) Within the last 12 months has the proposed Insured used tobacco products in any form? ☐ Yes ☐ No
- 2) Life Insurance Face Amount \$ \_\_\_\_\_  
a) Plan: \_\_\_\_\_  
b) Accidental Death Benefit Rider Face Amount \$ \_\_\_\_\_  
c) Total Premium \$ \_\_\_\_\_  
d) If a policy cannot be issued as applied for, would you accept a rated policy if available? ☐ Yes ☐ No  
e) If 'yes,' adjust face amount to premium? ☐ Yes ☐ No
- 3) Does the applicant have any existing life insurance or annuity contracts with the company or any other company? ☐ Yes ☐ No
- 4) Is this insurance intended to replace or change any life insurance or annuity contract in force with the company or any other company? ☐ Yes ☐ No  
(If yes, submit the state required forms)

### Part A2 - Owner (If Other Than Proposed Insured)

Name (First, MI, Last)	SSN	Gender	Relationship to Insured	D.O.B. (MM/DD/YYYY)
------------------------	-----	--------	-------------------------	---------------------

Address, City, State, Zip Code (If different from Insured) (cannot be a P.O. Box)	Are you a citizen of the U.S.? If not, what country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

### Part A3 - Beneficiary

Primary Name (First, MI, Last)	SSN	Gender	Relationship to Insured	D.O.B. (MM/DD/YYYY)
--------------------------------	-----	--------	-------------------------	---------------------

Contingent Name (First, MI, Last)	SSN	Gender	Relationship to Insured	D.O.B. (MM/DD/YYYY)
-----------------------------------	-----	--------	-------------------------	---------------------

### Part B1 - If Any Question In This Section Is Answered "Yes," The Proposed Insured Is Not Eligible For Any Coverage.

- 1) Is the proposed Insured hospitalized, bedridden, residing in a nursing home or long term care facility, receiving hospice or home health care, confined to a wheelchair, been advised or planning to have inpatient surgery or currently waiting for an organ transplant? ☐ Yes ☐ No
- 2) Has the proposed Insured **ever**:  
a) Been diagnosed with, been treated for or advised to receive treatment for Alzheimer's disease, senile dementia, organic brain disease, mental incapacity, Lou Gehrig's disease (ALS), Downs Syndrome, Huntington's disease, sickle cell anemia, Spina Bifida not surgically corrected, cystic fibrosis, cerebral palsy or any terminal medical condition? ☐ Yes ☐ No  
b) Tested positive for the antibodies to the AIDS (HIV) virus or been medically diagnosed with or received treatment for HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ☐ Yes ☐ No  
c) Been in a diabetic coma or had or been advised to have an amputation due to disease or disorder? ☐ Yes ☐ No
- 3) Within the past **2 years** has the proposed Insured:  
a) Been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)? ☐ Yes ☐ No  
b) Undergone testing by a medical professional for which the results have not been received? ☐ Yes ☐ No

### Part B2

- 4) Has the proposed Insured been diagnosed with, been treated for or advised to receive treatment for diabetes (other than gestational diabetes) before the age of 18? ☐ Yes ☐ No
- 5) Within the past **4 years** has the proposed Insured been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)? ☐ Yes ☐ No
- 6) Within the past **1 year** has the proposed Insured:  
a) Used illegal drugs or been diagnosed with, been treated for or advised to receive treatment for alcohol abuse, drug abuse or muscular dystrophy? ☐ Yes ☐ No  
b) Had more than 12 seizures or been diagnosed with, been treated for or advised to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease? ☐ Yes ☐ No  
c) Been diagnosed with, been treated for or advised to receive treatment for heart attack, stroke (CVA), transient ischemic attack (TIA), aneurysm, angina, or had or been advised to have heart surgery of any kind including bypass surgery or pacemaker implant? ☐ Yes ☐ No  
d) Used oxygen to assist in breathing due to a disease or disorder, received kidney dialysis or been diagnosed with, been treated for or advised to receive treatment for kidney failure due to a disease or disorder? ☐ Yes ☐ No

- If All Questions in Part B2 Are Answered "No," Proceed to Part B3.
- If One Question in Part B2 Is Answered "Yes," The proposed Insured Is Eligible For The Graded Death Benefit Product. Proceed to Part C1.
- If Two Or More Questions in Part B2 Are Answered "Yes," The proposed Insured Is Not Eligible For Any Coverage.

**Part B3**7) Within the past **2 years** has the proposed Insured:a) Had or been treated for a heart attack, angina (chest pain), stroke (CVA), transient ischemic attack (TIA), aneurysm, circulatory or blood disorder, heart surgery including bypass or irregular heart rhythm such as atrial fibrillation? ☐ Yes ☐ Nob) Had more than 12 seizures, taken insulin shots or been diagnosed with, been treated for or advised to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease? ☐ Yes ☐ Noc) Used illegal drugs or been diagnosed with, been treated for or advised to receive treatment for alcohol abuse or drug abuse? ☐ Yes ☐ No8) Within the past **4 years** has the proposed Insured been diagnosed with, been treated for or advised to receive treatment for kidney disease? ☐ Yes ☐ No9) Has the proposed Insured **ever** been diagnosed with, been treated for or advised to receive treatment for Parkinson's disease, multiple sclerosis, chronic obstructive pulmonary disease (COPD) including emphysema, chronic asthma, black lung or other chronic respiratory disease? ☐ Yes ☐ No10) Is the proposed Insured currently under the age of 50 **and** if so, has the proposed Insured within the past **5 years** been diagnosed with, been treated for or advised to receive treatment for any mental disorder such as manic or clinical depression, schizophrenia, bipolar disease or post traumatic stress syndrome? ☐ Yes ☐ No

• If All Questions in Part B3 Are Answered "No," The proposed Insured Is Eligible For The Preferred Product. Please Check The Appropriate Box And Proceed to B4:

☐ Preferred LP99 ☐ Preferred 10PL ☐ Preferred Other: \_\_\_\_\_

• If One Question in Part B3 Is Answered "Yes," The proposed Insured Is Eligible For The Standard Product. Please Check The Appropriate Box And Proceed to B4:

☐ Standard LP99 ☐ Standard 10PL ☐ Standard Other: \_\_\_\_\_

• If Two Or More "Yes" Answers in Part B3, The proposed Insured Is Eligible For The Graded Death Benefit Product. Proceed To C1.

**Part B4 - Nursing Home Option - If The Following Question Is Answered "Yes," The Proposed Insured Is Not Eligible For The Nursing Home Option On The Accelerated Death Benefit Rider.**Does the proposed Insured need any assistance from other persons in performing any Activities of Daily Living such as eating, bathing, toileting, dressing, taking medications, walking or moving in and out of bed or chair or does the proposed Insured have ongoing incontinence or, in the 2 years prior to the application, has a medical professional recommended that the proposed Insured be confined to a Nursing Home? ☐ Yes ☐ No**Part C1 - Face Amount & Payment Method**

Face Amount: \_\_\_\_\_

Payment Method: ☐ Monthly EFT ☐ Quarterly ☐ Semi-Annual ☐ Annual

Full Modal Premium Included or Authorized With Application Is: \_\_\_\_\_

**Part C2 - Payor Information**The Payor is the ☐ Proposed Insured ☐ Owner ☐ Other (If Other, please provide the following information:)

Name (First, MI, Last) \_\_\_\_\_

SSN \_\_\_\_\_

Gender \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Address, City, State, Zip Code (cannot be a P.O. Box) \_\_\_\_\_

Are you a citizen of the U.S.?

☐ Yes ☐ No

If not, what country? \_\_\_\_\_

**Part C3 - Premium Payment Authorization For Electronic Funds Transfer (EFT): Payor's Authorization To Insurance Company**

As a convenience to myself, I hereby authorize Monumental Life Insurance Company to draft premium payments from my financial institution account.

It is understood that credit for payment is conditioned upon the draft being honored when presented for payment. Furthermore, this authorization may be terminated (a) at the option of the Company if any draft is not honored when presented for payment; or (b) by the Company, financial institution or the undersigned upon 30 days written notice to the parties hereto.

If this authorization is terminated, the amount due on the policy involved will be billed on a quarterly basis.

Draft Date (1st-28th): \_\_\_\_\_ If no date selected, the draft date will be the policy date.

☐ Checking ☐ Savings Financial Institution Name: \_\_\_\_\_ City/State: \_\_\_\_\_Routing #: 

--	--	--	--	--	--	--	--	--	--

Account #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Payor Signature (if other than proposed Insured or Owner) \_\_\_\_\_ Date: \_\_\_\_\_

### Agent's Report

I represent that:

1) I have personally seen the proposed Insured. ☐ Yes ☐ No

2) I have truly and accurately recorded on this application the information as supplied by the Owner and the proposed Insured. ☐ Yes ☐ No

Is the person proposed for insurance related to you? ☐ Yes ☐ No Relationship \_\_\_\_\_

Is the policy applied for in this application intended to replace any insurance or annuity now in force? ☐ Yes ☐ No

Best time to call for a Personal History Interview \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Home or work phone number \_\_\_\_\_

Agent Signature \_\_\_\_\_

### AGREEMENT / AUTHORIZATION

This application consists of all Parts A, B, and C, and is not a contract of insurance. A contract of insurance shall take effect only if a policy is issued on this application and the first premium is paid in full (a) during the lifetime of the proposed Insured and (b) while there is no change in the insurability and health of the proposed Insured from that stated in this application. It is represented that all statements and answers in this application are true, full and complete and bind all parties in interest under any policy applied for. Only an authorized officer of our Company can make void, waive or change any of the conditions or provisions of any application, policy or receipt or accept risks or pass on insurability. Acceptance of any policy issued on this application shall mean acceptance of any change, correction, addition or amendment noted by any amendments and corrections. The proposed Insured shall be the policyowner unless another owner is named above.

I have received the MIB Disclosure Notification, Notice to Persons Applying For Insurance, Accelerated Death Benefit Disclosure and Conditional Receipt. I hereby authorize any licensed physician, medical practitioner, or the Medical Information Bureau or other institution that has any records or knowledge of the proposed Insured to give any such information, including medical information, to the life insurance company. A photocopy or facsimile of this authorization shall be made as valid as the original.

**FRAUD WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at City \_\_\_\_\_ State \_\_\_\_\_ Proposed Insured Signature \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

(If Owner other than Insured)

Witness \_\_\_\_\_

(Agent Signature)

(Print Agent's Name and I.D. Number)

**If The EFT Premium Payment Method Is Chosen, Please Tape A Voided Check In This Box.**

### NOTICE TO PERSONS APPLYING FOR INSURANCE

As part of the Company's procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through physicians, hospitals, clinics, and other medically-related facilities, who may be contacted using your signed authorization, to obtain details of your past medical treatment.

You have the right to be interviewed as part of any investigative consumer report that may be prepared. If you desire to be interviewed, you must indicate this to the Company. You also have the right to request access to, and correction and amendment of, any personal information collected. Additionally, you are entitled to receive a description of procedures which allow access to and correction of personal information which may be obtained, the nature and scope of the investigation requested, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to the Company.

#### MONUMENTAL LIFE INSURANCE COMPANY

Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

### MIB DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. Monumental Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 or (TTY 866-346-3642). If you question the accuracy of information in the MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

Monumental Life Insurance Company, or its reinsurers may also release information from its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

7/08

### CONDITIONAL RECEIPT

No coverage will be effective prior to delivery of the policy applied for unless and until all the following conditions are met:

#### Conditions of Coverage

1. On the Effective Date indicated below, the state of health and all factors affecting insurability of each person proposed for coverage must be stated in the application required by the Company;
2. An amount equal to the first full premium required is paid on the plan and any check, money order, or Authorization for Electronic Funds Transfer (EFT) given in payment is honored when first presented; and,
3. Each person proposed for coverage is on the Effective Date insurable and acceptable to the Company under its rules, limits and underwriting standards for the plan and for the amount applied for, without modification of plan, premium of rates or amount of coverage.

#### Effective Date

If all of the above conditions are met, insurance in the amount applied for or \$25,000, whichever is lower, will become effective on the date the application is completed. If any of the above conditions are not met, or the application contains a material misrepresentation, or if the proposed Insured dies by suicide, this receipt provides no coverage, and the liability of the Company is the return of the amount remitted with this receipt. Coverage which takes effect through this receipt will terminate at the EARLIEST of the following: (a) the effective date of the policy; (b) thirty (30) days after the date of the application; (c) three (3) days after the date the Company sends written notice that the receipt is terminated.

**Agent Instructions: Please leave this page with the Proposed Insured/Owner**

**MONUMENTAL LIFE INSURANCE COMPANY**

**Home Office: Cedar Rapids, Iowa**

**BULLETIN 11-83 CERTIFICATION**

**Policy Forms: WL08 AR and WL09 AR**

Monumental Life Insurance Company ("the Company") of Cedar Rapids, Iowa does hereby consent and agree that all premium rates and/or cost bases, both "maximum" and "current or projected", used in relation to policy form numbers WL08 AR and WL09 AR must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

**MONUMENTAL LIFE INSURANCE COMPANY**



By

\_\_\_\_\_  
Cheryl Bock  
Assistant Vice President

05/14/10

Date

## Full-Pay Premiums

### Modal Factor and Policy Fee

<u>Payment Mode</u>	<u>Modal Factor</u>	<u>Modal Fee</u>
Annual	1.000	42.00
Semi-Annual	0.510	21.00
Quarterly	0.260	10.50
Monthly	0.085	3.50

### Annual Premiums per unit (\$1,000) of insurance.

Age	Male Preferred	Female Preferred	Male Standard	Female Standard
0	10.41	9.56	11.94	10.38
1	10.49	9.63	11.95	10.41
2	10.57	9.71	11.96	10.44
3	10.66	9.78	11.98	10.46
4	10.74	9.86	11.99	10.49
5	10.82	9.93	12.00	10.52
6	11.05	10.08	12.35	10.72
7	11.28	10.23	12.70	10.92
8	11.52	10.39	13.04	11.12
9	11.75	10.54	13.39	11.32
10	11.98	10.69	13.74	11.52
11	12.31	10.89	14.36	11.76
12	12.65	11.09	14.98	12.01
13	12.98	11.28	15.59	12.25
14	13.32	11.48	16.21	12.50
15	13.65	11.68	16.83	12.74
16	13.79	11.73	17.07	12.83
17	13.85	11.72	17.14	12.83



**Full-Pay Premiums**

Annual Premiums per unit (\$1,000) of insurance.

Age	Male Non-Tobacco Preferred	Male Tobacco Preferred	Female Non-Tobacco Preferred	Female Tobacco Preferred	Male Non-Tobacco Standard	Male Tobacco Standard	Female Non-Tobacco Standard	Female Tobacco Standard
18	11.59	13.86	9.94	11.68	13.57	17.13	10.50	12.82
19	11.63	13.90	9.92	11.68	13.58	17.12	10.53	12.84
20	11.71	14.00	10.02	11.77	13.60	17.17	10.61	12.95
21	11.91	14.23	10.23	12.05	13.75	17.33	10.87	13.25
22	12.11	14.47	10.44	12.33	13.91	17.50	11.13	13.55
23	12.32	14.70	10.66	12.61	14.06	17.66	11.38	13.86
24	12.52	14.94	10.87	12.89	14.22	17.83	11.64	14.16
25	12.72	15.17	11.08	13.17	14.37	17.99	11.90	14.46
26	12.98	15.49	11.33	13.50	14.61	18.28	12.17	14.84
27	13.27	15.85	11.59	13.85	14.88	18.62	12.44	15.24
28	13.57	16.23	11.87	14.22	15.18	19.00	12.73	15.68
29	13.90	16.65	12.16	14.62	15.52	19.43	13.05	16.16
30	14.26	17.11	12.49	15.06	15.90	19.93	13.43	16.71
31	14.60	17.55	12.81	15.51	16.27	20.43	13.85	17.27
32	14.99	18.06	13.18	16.01	16.72	21.03	14.32	17.91
33	15.43	18.63	13.59	16.57	17.23	21.71	14.84	18.64
34	15.93	19.26	14.04	17.19	17.82	22.50	15.42	19.45
35	16.43	19.92	14.50	17.82	18.43	23.33	16.03	20.29
36	17.14	20.79	15.13	18.66	19.28	24.45	16.79	21.42
37	17.85	21.69	15.75	19.50	20.16	25.61	17.58	22.57
38	18.62	22.65	16.43	20.40	21.11	26.87	18.41	23.80
39	19.43	23.67	17.13	21.34	22.13	28.23	19.29	25.09
40	20.30	24.77	17.86	22.32	23.24	29.71	20.21	26.44
41	21.12	25.82	18.58	23.29	24.32	31.14	21.14	27.76
42	21.99	26.94	19.31	24.27	25.47	32.69	22.09	29.11
43	22.86	28.08	20.02	25.23	26.64	34.30	23.04	30.44
44	23.74	29.25	20.71	26.16	27.84	35.97	23.97	31.74
45	24.72	30.54	21.47	27.19	29.19	37.83	25.00	33.19
46	25.53	31.65	21.98	27.86	30.32	39.51	25.73	34.20
47	26.46	32.93	22.58	28.68	31.64	41.45	26.61	35.41
48	27.48	34.33	23.23	29.55	33.09	43.59	27.54	36.72
49	28.61	35.90	23.94	30.52	34.71	45.99	28.58	38.19
50	29.72	37.45	24.59	31.40	36.31	48.39	29.53	39.52
51	31.38	39.70	25.73	33.00	38.68	51.80	31.14	41.90
52	33.00	41.93	26.81	34.49	41.02	55.19	32.66	44.12
53	34.72	44.31	27.94	36.06	43.51	58.80	34.25	46.46
54	36.50	46.77	29.09	37.66	46.08	62.55	35.87	48.81
55	38.54	49.59	30.44	39.52	49.01	66.80	37.73	51.52
56	40.26	52.03	31.48	40.92	51.53	70.52	39.17	53.54
57	41.91	54.38	32.42	42.18	53.97	74.14	40.47	55.34
58	43.62	56.84	33.37	43.46	56.50	77.92	41.79	57.13
59	45.54	59.61	34.47	44.91	59.30	82.11	43.26	59.12
60	47.82	62.88	35.83	46.69	62.54	86.98	45.03	61.50
61	50.97	67.40	37.80	49.26	66.88	93.52	47.50	64.80
62	54.12	71.93	39.77	51.83	71.22	100.06	49.97	68.10
63	57.27	76.45	41.74	54.39	75.55	106.60	52.44	71.41
64	60.42	80.98	43.71	56.96	79.89	113.14	54.91	74.71
65	63.57	85.50	45.68	59.53	84.23	119.68	57.38	78.01
66	67.92	91.77	48.65	63.52	90.06	128.52	61.15	83.26
67	72.28	98.05	51.62	67.52	95.89	137.36	64.91	88.50
68	76.63	104.32	54.59	71.51	101.72	146.21	68.68	93.75
69	80.99	110.60	57.56	75.51	107.55	155.05	72.44	98.99
70	85.34	116.87	60.53	79.50	113.38	163.89	76.21	104.24
71	90.97	125.19	64.73	85.21	121.02	174.20	81.76	112.10
72	96.60	133.51	68.94	90.92	128.66	184.52	87.31	119.97
73	102.22	141.82	73.14	96.63	136.29	194.83	92.87	127.83
74	107.85	150.14	77.35	102.34	143.93	205.15	98.42	135.70
75	113.48	158.46	81.55	108.05	151.57	215.46	103.97	143.56
76	120.01	168.94	86.75	115.58	160.59	232.20	110.92	154.10
77	126.55	179.43	91.94	123.11	169.61	248.94	117.87	164.64
78	133.08	189.91	97.14	130.64	178.64	265.67	124.82	175.18
79	139.62	200.40	102.33	138.17	187.66	282.41	131.77	185.72
80	146.15	210.88	107.53	145.70	196.68	299.15	138.72	196.26
81	157.20	229.42	115.70	157.51	211.59	326.31	149.01	212.15
82	168.25	247.96	123.87	169.32	226.49	353.48	159.31	228.04
83	179.29	266.50	132.05	181.13	241.40	380.64	169.60	243.92
84	190.34	285.04	140.22	192.94	256.30	407.81	179.90	259.81
85	201.39	303.58	148.39	204.75	271.21	434.97	190.19	275.70

## 10 Pay Premiums

### Modal Factor and Policy Fee

<u>Payment Mode</u>	<u>Modal Factor</u>	<u>Modal Fee</u>
Annual	1.000	42.00
Semi-Annual	0.510	21.00
Quarterly	0.260	10.50
Monthly	0.085	3.50

### Annual Premiums per unit (\$1,000) of insurance.

Age	Male Preferred	Female Preferred	Male Standard	Female Standard
0	18.09	16.31	20.51	17.70
1	18.40	16.58	20.68	17.87
2	18.71	16.86	20.84	18.05
3	19.02	17.13	21.01	18.22
4	19.33	17.41	21.17	18.40
5	19.64	17.68	21.34	18.57
6	20.18	18.09	22.05	19.03
7	20.72	18.50	22.76	19.49
8	21.25	18.90	23.48	19.94
9	21.79	19.31	24.19	20.40
10	22.33	19.72	24.90	20.86
11	23.11	20.23	26.05	21.45
12	23.88	20.74	27.20	22.04
13	24.66	21.24	28.34	22.63
14	25.43	21.75	29.49	23.22
15	26.21	22.26	30.64	23.81
16	26.77	22.68	31.36	24.28
17	27.23	23.05	31.89	24.68

# 10 Pay Premiums

Annual Premiums per unit (\$1,000) of insurance.

Age	Male Non-Tobacco Preferred	Male Tobacco Preferred	Female Non-Tobacco Preferred	Female Tobacco Preferred	Male Non-Tobacco Standard	Male Tobacco Standard	Female Non-Tobacco Standard	Female Tobacco Standard
18	22.81	27.65	19.46	23.42	25.72	32.32	20.48	25.07
19	23.22	28.10	19.80	23.84	26.14	32.75	20.84	25.51
20	23.62	28.63	20.24	24.36	26.45	33.24	21.29	26.06
21	24.25	29.34	20.87	25.13	27.01	33.83	21.94	26.86
22	24.88	30.06	21.50	25.90	27.57	34.43	22.58	27.65
23	25.51	30.77	22.12	26.67	28.13	35.02	23.23	28.45
24	26.14	31.49	22.75	27.44	28.69	35.62	23.87	29.24
25	26.77	32.20	23.38	28.21	29.25	36.21	24.52	30.04
26	27.51	33.06	24.08	29.07	29.96	37.00	25.25	30.95
27	28.30	33.96	24.79	29.95	30.72	37.85	26.01	31.89
28	29.12	34.92	25.53	30.86	31.52	38.77	26.80	32.88
29	29.97	35.92	26.31	31.82	32.38	39.76	27.65	33.94
30	30.87	36.96	27.14	32.85	33.30	40.82	28.56	35.09
31	31.74	37.97	27.99	33.90	34.19	41.87	29.52	36.30
32	32.69	39.08	28.90	35.03	35.20	43.05	30.54	37.61
33	33.71	40.28	29.87	36.23	36.28	44.33	31.64	39.01
34	34.81	41.57	30.91	37.51	37.47	45.75	32.83	40.53
35	35.91	42.86	31.97	38.82	38.68	47.20	34.05	42.08
36	37.32	44.52	33.23	40.38	40.24	49.08	35.49	43.93
37	38.73	46.17	34.50	41.96	41.82	50.98	36.97	45.82
38	40.21	47.91	35.84	43.61	43.49	52.99	38.51	47.79
39	41.75	49.70	37.23	45.33	45.22	55.09	40.12	49.84
40	43.36	51.60	38.64	47.07	47.07	57.34	41.76	51.94
41	44.86	53.34	40.10	48.87	48.80	59.42	43.45	54.08
42	46.43	55.17	41.56	50.65	50.61	61.62	45.13	56.22
43	47.99	56.99	42.99	52.39	52.44	63.85	46.80	58.32
44	49.55	58.82	44.38	54.07	54.29	66.12	48.43	60.36
45	51.20	60.76	45.88	55.89	56.26	68.54	50.19	62.57
46	52.65	62.51	46.95	57.13	58.05	70.80	51.48	64.13
47	54.25	64.43	48.17	58.56	60.02	73.28	52.94	65.92
48	55.93	66.45	49.41	60.02	62.12	75.93	54.45	67.77
49	57.74	68.65	50.73	61.59	64.39	78.81	56.07	69.78
50	59.48	70.76	51.94	62.98	66.60	81.63	57.55	71.56
51	61.93	73.71	53.85	65.35	69.66	85.49	59.91	74.59
52	64.29	76.55	55.64	67.52	72.62	89.24	62.11	77.38
53	66.73	79.49	57.50	69.77	75.71	93.14	64.40	80.27
54	69.18	82.44	59.36	72.02	78.83	97.08	66.69	83.14
55	71.90	85.71	61.44	74.53	82.26	101.43	69.23	86.33
56	74.14	88.38	63.10	76.43	85.16	105.08	71.24	88.72
57	76.25	90.85	64.64	78.13	87.92	108.53	73.09	90.85
58	78.35	93.33	66.15	79.77	90.68	112.01	74.91	92.88
59	80.58	95.98	67.76	81.51	93.61	115.73	76.80	94.99
60	83.10	99.00	69.57	83.47	96.87	119.91	78.91	97.35
61	86.26	102.87	71.84	85.94	100.89	125.20	81.48	100.22
62	89.42	106.75	74.11	88.41	104.91	130.49	84.05	103.08
63	92.59	110.62	76.39	90.87	108.93	135.78	86.61	105.95
64	95.75	114.50	78.66	93.34	112.95	141.07	89.18	108.81
65	98.91	118.37	80.93	95.81	116.97	146.36	91.75	111.68
66	102.66	123.19	83.77	99.07	121.71	152.91	95.11	115.74
67	106.41	128.00	86.61	102.33	126.45	159.46	98.47	119.79
68	110.15	132.82	89.46	105.58	131.20	166.01	101.82	123.85
69	113.90	137.63	92.30	108.84	135.94	172.56	105.18	127.90
70	117.65	142.45	95.14	112.10	140.68	179.11	108.54	131.96
71	121.86	148.32	98.77	116.57	146.31	187.48	113.21	138.06
72	126.07	154.19	102.40	121.04	151.95	195.85	117.88	144.16
73	130.28	160.07	106.03	125.51	157.58	204.22	122.56	150.25
74	134.49	165.94	109.66	129.98	163.22	212.59	127.23	156.35
75	138.70	171.81	113.29	134.45	168.85	220.96	131.90	162.45
76	145.85	183.18	118.85	142.36	179.06	238.30	139.42	173.79
77	153.01	194.55	124.40	150.27	189.27	255.64	146.95	185.14
78	160.16	205.92	129.96	158.17	199.49	272.98	154.47	196.48
79	167.32	217.29	135.51	166.08	209.70	290.32	162.00	207.83
80	174.47	228.66	141.07	173.99	219.91	307.66	169.52	219.17
81	184.96	247.53	148.11	185.02	235.08	336.89	179.11	235.13
82	195.44	266.40	155.15	196.06	250.25	366.13	188.71	251.09
83	205.93	285.27	162.18	207.09	265.41	395.36	198.30	267.05
84	216.41	304.14	169.22	218.13	280.58	424.60	207.90	283.01
85	226.90	323.01	176.26	229.16	295.75	453.83	217.49	298.97

**Graded Death Benefit Premiums**Modal Factor and Policy Fee

<u>Payment Mode</u>	<u>Modal Factor</u>	<u>Modal Fee</u>
Annual	1.000	42.00
Semi-Annual	0.510	21.00
Quarterly	0.260	10.50
Monthly	0.085	3.50

Annual Premiums per unit of insurance.

Age	Male	Female
18	33.76	25.48
19	34.25	25.99
20	34.74	26.49
21	35.23	26.99
22	35.72	27.50
23	36.22	28.00
24	36.71	28.51
25	37.20	29.01
26	37.75	29.48
27	38.33	29.92
28	38.91	30.38
29	39.42	30.91
30	39.83	31.58
31	39.42	32.26
32	39.47	33.10
33	39.69	34.10
34	40.26	35.31
35	40.55	36.50
36	43.13	38.51
37	45.43	40.45
38	48.09	42.54
39	50.93	44.70
40	54.23	47.01
41	56.47	48.92
42	59.03	50.91
43	61.48	52.81
44	63.85	54.62
45	66.26	56.47
46	68.51	57.95
47	70.88	59.53
48	73.34	61.11
49	75.95	62.75
50	78.50	64.31
51	81.81	66.39
52	85.03	68.40
53	88.34	70.50
54	91.67	72.63
55	95.50	75.05
56	98.63	77.15
57	101.51	79.14
58	104.50	81.22
59	107.99	83.60
60	112.33	86.46
61	118.76	90.52

62	125.19	94.58
63	131.61	98.65
64	138.04	102.71
65	144.47	106.77
66	150.93	111.94
67	157.40	117.11
68	163.86	122.27
69	170.33	127.44
70	176.79	132.61
71	187.22	139.21
72	197.65	145.80
73	208.07	152.40
74	218.50	158.99
75	228.93	165.59
76	246.10	176.81
77	263.27	188.03
78	280.44	199.26
79	297.61	210.48
80	314.78	221.70

**Accidental Death Benefit (ADR08) Annual Premium Rates per Unit**  
3/25/2010

<u>Issue Age</u>	<u>Male</u>	<u>Female</u>
18	2.00	2.00
19	2.01	2.01
20	2.02	2.02
21	2.03	2.03
22	2.04	2.04
23	2.05	2.05
24	2.06	2.06
25	2.07	2.07
26	2.08	2.08
27	2.09	2.09
28	2.10	2.10
29	2.11	2.11
30	2.12	2.12
31	2.13	2.13
32	2.14	2.14
33	2.15	2.15
34	2.16	2.16
35	2.17	2.17
36	2.19	2.19
37	2.21	2.21
38	2.23	2.23
39	2.25	2.25
40	2.27	2.27
41	2.29	2.29
42	2.31	2.31
43	2.33	2.33
44	2.35	2.35
45	2.37	2.37
46	2.39	2.39
47	2.41	2.41
48	2.43	2.43
49	2.46	2.46
50	2.48	2.48
51	2.51	2.51
52	2.54	2.54
53	2.58	2.58
54	2.63	2.63
55	2.68	2.68
56	2.74	2.74
57	2.80	2.80
58	2.87	2.87
59	2.95	2.95
60	3.03	3.03
61	3.13	3.13
62	3.24	3.24
63	3.37	3.37
64	3.51	3.51

65	3.66	3.66
66	3.85	3.85
67	4.08	4.08
68	4.35	4.35
69	4.63	4.63
70	4.96	4.96
71	5.35	5.35
72	5.81	5.81
73	6.35	6.35
74	6.96	6.96
75	7.63	7.63
76	8.36	8.36
77	9.14	9.14
78	9.99	9.99
79	10.91	10.91
80	11.89	11.89
81	12.90	12.90
82	13.95	13.95
83	15.04	15.04
84	16.16	16.16
85	17.32	17.32

## **MONUMENTAL LIFE INSURANCE COMPANY**

### **STATEMENT OF VARIABILITY FOR POLICY WL08 AR**

1. Home Office Address (face page header): This may change to another location in the future.
2. Administrative Office Address (face page header): This may change to another location.
3. Telephone Number (face page header): This may change to another number.
4. Insured (face page policy information): This will be the name of the insured indicated on the application for insurance.
5. Face Amount (face page policy information): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
6. Owner (face page policy information): This will be the insured, unless otherwise indicated on the application for insurance.
7. Policy Number (face page policy information): This will be assigned sequentially.
8. Policy Date (face page policy information): This will be the date coverage under the policy becomes effective
9. Signed for the Company at (face page, second paragraph): This may change to another location.
10. Officer Signatures and Titles (face page): These may change in the future. In the event the title of an officer signing the policy form changes, any new title will be the title of an officer of the company.
11. Policy Number (policy data page 3): This will be assigned sequentially.
12. Policy Date (policy data page 3): This will be the date coverage under the policy becomes effective.
13. Face Amount (policy data page 3): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
14. Insured (policy data page 3): This will be the name of the insured indicated on the application for insurance.
15. Owner (policy data page 3): This will be the insured, unless otherwise indicated on the application for insurance.
16. Class of Risk (policy data page 3): This will be one of the following classes, depending on the insured's underwriting status:
  - Preferred Juvenile
  - Preferred Non-Tobacco
  - Preferred Tobacco
  - Standard Juvenile
  - Standard Non-Tobacco
  - Standard Tobacco
17. Date of Issue (policy data page 3): This will be the date the policy is prepared in our office.
18. Maturity Date (policy data page 3): This will be the insured's attained age of 121.



19. Issue Age/Sex (policy data page 3): This policy form is issued to ages: (a) 0-17 for juveniles; and (b) 18-85 for preferred non-tobacco, preferred tobacco, standard non-tobacco and standard tobacco. There are further restrictions in availability based on the level premium period. Each insured is designated as either male or female.
20. Type of Coverage (policy data page 3): This will indicate any optional riders the owner may choose on the application for insurance.
21. Face Amount (policy data page 3): The face amount of the policy will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000. The face amount of the accidental death benefit rider will be the number of units the owner chooses on the application. Min = 1 unit (= \$1000) and Max = base face.
22. Premiums Payable (policy data page 3): The period of time that premiums are payable for the policy will depend on which premium payment plan the owner chooses on the application. There are two premium payment plans for the policy; level premiums for 10 years and level premiums until attained age 99. The period of time that premiums are payable for the accidental death benefit rider are to the policy anniversary following the insured's attained age 98 and is only available with the level premiums until attained age 99 plan.
23. Annual Premium (policy data page 3): The annual premium for the policy will depend on the face amount of the policy; and the insured's age, sex and class of risk. The annual premium for the accidental death benefit rider will depend on the face amount of the rider and the insured's age and sex.
24. Total Annual Premium on Policy Date (policy data page 3): This will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance.
25. Initial Premium Payment Amount and Mode (policy data page 3): The initial premium payment amount will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance. The mode will be either annually, semi-annually, quarterly or monthly and will depend on the option the owner chooses on the application for insurance. The billing method will depend on the various options allowed by the company and the option the owner chooses on the application for insurance.
26. Total Premiums Per Year (policy data page 3): This amount will vary depending on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance.
27. Schedule of Premiums (policy data page 3): These premium amounts will vary depending on the modal factor times the annual premium. The policy fee is exempt from modal premium loading.  
  
Annual: 1.00 factor  
Semi-Annual: 0.51 factor  
Quarterly: 0.26 factor  
Monthly: 0.085 factor
28. Policy Number (policy data page 3A): This will be assigned sequentially.
29. Nonforfeiture Interest Rate (policy data page 3A): Shown as 5%, but it may vary based on the updates provided by the Standard Nonforfeiture Law.
30. Table of Policy Values (policy data page 3A): Case specific at time of issue.
31. Home Office Address (back cover page): This may change to another location in the future.
32. Administrative Office Address (back cover page): This may change to another location.
33. Telephone Number (back cover page): This may change to another number.

## **MONUMENTAL LIFE INSURANCE COMPANY**

### **STATEMENT OF VARIABILITY FOR POLICY WL09 AR**

1. Home Office Address (face page header): This may change to another location in the future.
2. Administrative Office Address (face page header): This may change to another location.
3. Telephone Number (face page header): This may change to another number.
4. Insured (face page policy information): This will be the name of the insured indicated on the application for insurance.
5. Face Amount (face page policy information): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
6. Owner (face page policy information): This will be the insured, unless otherwise indicated on the application for insurance.
7. Policy Number (face page policy information): This will be assigned sequentially.
8. Policy Date (face page policy information): This will be the date coverage under the policy becomes effective.
9. Signed for the Company at (face page, second paragraph): This may change to another location.
10. Officer Signatures and Titles (face page): These may change in the future. In the event the title of an officer signing the policy form changes, any new title will be the title of an officer of the company.
11. Policy Number (policy data page 3): This will be assigned sequentially.
12. Policy Date (policy data page 3): This will be the date coverage under the policy becomes effective.
13. Face Amount (policy data page 3): This will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
14. Insured (policy data page 3): This will be the name of the insured indicated on the application for insurance.
15. Owner (policy data page 3): This will be the insured, unless otherwise indicated on the application for insurance.
16. Date of Issue (policy data page 3): This will be the date the policy is prepared in our office.
17. Maturity Date (policy data page 3): This will be the insured's attained age of 121.
18. Issue Age/Sex (policy data page 3): This policy form is issued to ages 18-80. Each insured is designated as either male or female.
19. Face Amount (policy data page 3): The face amount will be the amount we approve, subject to a minimum of \$1,000 and a maximum of \$25,000.
20. Premiums Payable (policy data page 3): The period of time that premiums are payable will be to the insured's attained age 99.

21. Annual Premium (policy data page 3): The annual premium will depend on the face amount of the policy; and the insured's age and sex.
22. Total Annual Premium on Policy Date (policy data page 3): This will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance.
23. Initial Premium Payment Amount and Mode (policy data page 3): The initial premium payment amount will depend on the premiums payable for the policy and any optional riders the owner may choose on the application for insurance. The mode will be either annually, semi-annually, quarterly or monthly and will depend on the option the owner chooses on the application for insurance. The billing method will depend on the various options allowed by the company and the option the owner chooses on the application for insurance.
24. Total Premiums Per Year (policy data page 3): This will depend on the premiums payable for the policy.
25. Schedule of Premiums (policy data page 3A): These will depend on the modal factor times the annual premium. The policy fee exempt from modal premium loading.  
  
Annual: 1.00 factor  
Semi-Annual: 0.51 factor  
Quarterly: 0.26 factor  
Monthly: 0.085 factor
26. Policy Number (policy data page 3A): This will be assigned sequentially.
27. Nonforfeiture Interest Rate (policy data page 3A): Shown as 5%, but it may vary based on the updates provided by the Standard Nonforfeiture Law.
28. Table of Policy Values (policy data page 3A): Case specific at time of issue.
29. Home Office Address (back cover page): This may change to another location in the future.
30. Administrative Office Address (back cover page): This may change to another location.
31. Telephone Number (back cover page): This may change to another number.

**MONUMENTAL LIFE INSURANCE COMPANY**

**STATEMENT OF VARIABILITY  
FOR RIDER ADR08 AR**

1. Home Office Address (page 1, header): This may change to another location in the future.
2. Administrative Office Address (page 1, header): This may change to another location.
3. Telephone Number (page 1, header): This may change to another number.
4. Signed for the Company at (page 2, last paragraph): This may change to another location.
5. Officer Signatures and Titles (page 2): These may change in the future. In the event the title of an officer signing the rider form changes, any new title will be the title of an officer of the company.

**POLICY DATA**

<b>POLICY NUMBER:</b>	[110 01 SAMPLE]	<b>DATE OF ISSUE:</b>	[APRIL 01, 2010]
<b>POLICY DATE:</b>	[APRIL 01, 2010]	<b>MATURITY DATE:</b>	[MARCH 31, 2096]
<b>FACE AMOUNT:</b>	[\$10,000.00]	<b>ISSUE AGE/SEX:</b>	[35/MALE]
<b>INSURED:</b>	[JOHN DOE]		
<b>OWNER:</b>	[JOHN DOE]		
<b>CLASS OF RISK:</b>	[PREFERRED NON-TOBACCO]		

<b>TYPE OF COVERAGE</b>	<b>FACE AMOUNT</b>	<b>PREMIUMS PAYABLE</b>	<b>*ANNUAL PREMIUM</b>
BASIC POLICY	[\$10,000.00]	[10] YEARS	[\$401.10]

**\*Total Annual Premium on Policy Date.....** \$[401.10]

\*THE "ANNUAL PREMIUM" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" LISTED ON THIS PAGE ARE THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**Initial Premium Payment Amount and Mode.....**[\$401.10] [ANNUALLY] [DIRECT BILL]  
**Total Payments Per Year.....**[\$401.10]

**SCHEDULE OF PREMIUMS**

	<b>Annually</b>	<b>Semi-Annually</b>	<b>Quarterly</b>	<b>Monthly</b>
Premium Due Per Payment	\$[401.10]	\$[204.14]	\$ [103.87]	\$ [34.02]
Total Payments Per Year	\$[401.10]	\$[408.28]	\$ [415.48]	\$[408.24]

The Schedule of Premiums above is for direct billing only. A Schedule of Premiums for other payment modes will be provided on request.

# TABLE OF POLICY VALUES

IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:

POLICY NUMBER: [110 01 SAMPLE]

NONFORFEITURE INTEREST RATE: [5.00%]

END OF POLICY YEAR	AGE OF INSURED	CASH VALUE	EXTENDED TERM INSURANCE		REDUCED PAID UP INSURANCE
			YEARS	DAYS	
[1	36	\$ 0.00	0	0	\$ 0.00]
[2	37	96.20	7	125	596.00]
[3	38	324.70	18	216	1928.00]
[4	39	564.00	25	89	3210.00]
[5	40	814.90	29	319	4445.00]
[6	41	1077.80	33	235	5636.00]
[7	42	1353.00	36	322	6784.00]
[8	43	1641.10	39	336	7893.00]
[9	44	1942.50	43	179	8964.00]
[10	45	2258.00	PAID UP		10,000.00]
[11	46	2351.60	PAID UP		10,000.00]
[12	47	2448.40	PAID UP		10,000.00]
[13	48	2548.80	PAID UP		10,000.00]
[14	49	2653.30	PAID UP		10,000.00]
[15	50	2762.00	PAID UP		10,000.00]
[16	51	2874.70	PAID UP		10,000.00]
[17	52	2991.10	PAID UP		10,000.00]
[18	53	3110.90	PAID UP		10,000.00]
[19	54	3234.10	PAID UP		10,000.00]
[20	55	3360.20	PAID UP		10,000.00]
	[@55	3360.20	PAID UP		10,000.00]
	[@60	4035.40	PAID UP		10,000.00]
	[@65	4774.80	PAID UP		10,000.00]

4333 EDGEWOOD RD NE  
CEDAR RAPIDS, IOWA 52499

4/1/10  
POLICY NUMBER  
1234567

FOR MORE INFORMATION ABOUT THIS POLICY PLEASE CONTACT:  
QUALITY AGENT  
INSURANCE AGENCY  
123 MAIN STREET, ANYSTATE, USA

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

BASIC POLICY

PREPARED FOR: JOHN DOE  
AGE BASIS: 35      ISSUE BASIS: PREFERRED  
WHOLE LIFE POLICY - WL08 (MAY VARY BY STATE)  
LEVEL PREMIUMS PAYABLE FOR LIFE, NON-PARTICIPATING

POL YR	-----ANNUAL PREMIUMS-----			GUAR AMT PAYABLE ON DEATH	GUARANTEED CASH SURRENDER VALUE TOTAL
	COVERAGE	RIDERS	TOTAL		
1	206.30	0.00	206.30	10,000	-
2	206.30	0.00	206.30	10,000	-
3	206.30	0.00	206.30	10,000	37
4	206.30	0.00	206.30	10,000	124
5	206.30	0.00	206.30	10,000	215
6	206.30	0.00	206.30	10,000	309
7	206.30	0.00	206.30	10,000	407
8	206.30	0.00	206.30	10,000	508
9	206.30	0.00	206.30	10,000	613
10	206.30	0.00	206.30	10,000	721
11	206.30	0.00	206.30	10,000	833
12	206.30	0.00	206.30	10,000	948
13	206.30	0.00	206.30	10,000	1,068
14	206.30	0.00	206.30	10,000	1,193
15	206.30	0.00	206.30	10,000	1,322
16	206.30	0.00	206.30	10,000	1,457
17	206.30	0.00	206.30	10,000	1,595
18	206.30	0.00	206.30	10,000	1,738
19	206.30	0.00	206.30	10,000	1,885
20	206.30	0.00	206.30	10,000	2,036
21	206.30	0.00	206.30	10,000	2,189
22	206.30	0.00	206.30	10,000	2,346
23	206.30	0.00	206.30	10,000	2,507
24	206.30	0.00	206.30	10,000	2,672
25	206.30	0.00	206.30	10,000	2,841
AGE 60	206.30	0.00	206.30	10,000	2,841
AGE 62	206.30	0.00	206.30	10,000	3,188
AGE 65	206.30	0.00	206.30	10,000	3,722
SURRENDER COST INDEX			NET PAYMENT COST INDEX		
....GUAR.....CURR....			....GUAR.....CURR....		
YEAR 10		15.17	15.17	20.63	20.63
YEAR 20		14.77	14.77	20.63	20.63

EXPLANATIONS OF THE INTENDED USE OF THESE INDEXES ARE PROVIDED  
IN THE LIFE INSURANCE BUYER'S GUIDE

4333 EDGEWOOD RD NE  
CEDAR RAPIDS, IOWA 52499

4/1/10  
POLICY NUMBER  
1234567

FOR MORE INFORMATION ABOUT THIS POLICY PLEASE CONTACT:  
QUALITY AGENT  
INSURANCE AGENCY  
123 MAIN STREET, ANYSTATE, USA

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

PREPARED FOR: JOHN DOE

AGE BASIS: 35      ISSUE BASIS: MALE

BASIC POLICY      GRADED DEATH BENEFIT WHOLE LIFE POLICY - WL09 (MAY VARY BY STATE)

LEVEL PREMIUMS PAYABLE FOR LIFE, NON-PARTICIPATING

POL YR	-----ANNUAL PREMIUMS-----			GUAR AMT PAYABLE ON DEATH	GUARANTEED CASH SURRENDER VALUE TOTAL
	COVERAGE	RIDERS	TOTAL		
1	447.50	0.00	447.50	3,000	-
2	447.50	0.00	447.50	6,000	-
3	447.50	0.00	447.50	10,000	86
4	447.50	0.00	447.50	10,000	176
5	447.50	0.00	447.50	10,000	269
6	447.50	0.00	447.50	10,000	365
7	447.50	0.00	447.50	10,000	466
8	447.50	0.00	447.50	10,000	569
9	447.50	0.00	447.50	10,000	676
10	447.50	0.00	447.50	10,000	786
11	447.50	0.00	447.50	10,000	900
12	447.50	0.00	447.50	10,000	1,017
13	447.50	0.00	447.50	10,000	1,139
14	447.50	0.00	447.50	10,000	1,265
15	447.50	0.00	447.50	10,000	1,396
16	447.50	0.00	447.50	10,000	1,532
17	447.50	0.00	447.50	10,000	1,673
18	447.50	0.00	447.50	10,000	1,817
19	447.50	0.00	447.50	10,000	1,965
20	447.50	0.00	447.50	10,000	2,116
21	447.50	0.00	447.50	10,000	2,270
22	447.50	0.00	447.50	10,000	2,426
23	447.50	0.00	447.50	10,000	2,587
24	447.50	0.00	447.50	10,000	2,752
25	447.50	0.00	447.50	10,000	2,921
AGE 60	447.50	0.00	447.50	10,000	2,921
AGE 62	447.50	0.00	447.50	10,000	3,267
AGE 65	447.50	0.00	447.50	10,000	3,796
SURRENDER COST INDEX			NET PAYMENT COST INDEX		
....GUAR.... ....CURR....			....GUAR.... ....CURR....		
YEAR 10		49.94	49.94	57.61	57.61
YEAR 20		44.86	44.86	51.93	51.93

EXPLANATIONS OF THE INTENDED USE OF THESE INDEXES ARE PROVIDED

IN THE LIFE INSURANCE BUYER'S GUIDE